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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 393362

(9)

| Principal Place of Business Mailing Address 12201 NW 35TH ST. 26S1 NORTHWEST 115 TERRACE BAY 310 CORAL SPRINGS FL 33085-3433 CORAL SPRINGS FL 33085 US | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1971 06/17/1996 | | | |
|---|--|---|--|---|--------------------|--------------------------------|------------------------------------|
| 2. Principal | Place of Business | 2a. Mailing Address | | 4. FEI Number | 1 00/11 | | plied For |
| 1 | | 26 | | 16-0353908 | | | ot Applicable |
| Suite, Ar | it#,etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 / Fee Re | Additional |
| City & St | ate | City & State | | 6. Election Campaign Financing | | \$5.00 | <u></u> |
| 3 | | 28 | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | Country | 8. This corporation has liability for | | | . 199.032, |
| 4 | 25 | [29] | 30] | | Yes 🗌 | | |
| | 9, Name and Address of Currer | nt Registered Agent | 81 Name | 10. Name and Address of New Re | gistered Ag | ent | |
| | JSANELU, CARL J | | oi ivame | | | | |
| | 51 NORTHWEST 115 TERRACE | | 82 Street Add | iress (P.O. Box Number is Not Acceptab | ole) | | |
| CC | ORAL SPRINGS FL 33065 | | 83 | | | | |
| | | | | · | | | |
| | | | 84 City | | FL | 85 Zip (| Code |
| | | | | poration submits this statement for the p ation's board of directors. I hereby accep | | hanging it ntment as | s registered registered |
| SIGNATURE | Signature: Typed or pentud name of registered ago OFFICERS AN | out and lide if applicable (NC ID DIRECTORS | DTE Registered Agent signature requ | | DATE CERS AND D | DIRECTOR | IS IN 12 |
| SIGNATUHE 12, III.E | Superfute Type of or probabilitiative of registered as OFFICERS AN | out and lide if applicable (NC | TE Registered Agent signature required 13. | sired when reinstating) | DATE CERS AND D | | IS IN 12 |
| SIGNATUHE 12, 111.e NAME | Superfore hyperfor probod name of registered as OFFICERS AN PD CUSANELLI, JOSEPH H. | out and lide if applicable (NC ID DIRECTORS | 15. 1.1 TITLE 1.2 NAME | sired when reinstating) | DATE CERS AND D | DIRECTOR | IS IN 12 |
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The nearby early martine information supplies with this lining boes not quality for the exemption stated in section 11st 07301, involved stateds. Further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

FILED

Apr 21 1997 8:00am

Secretary of State